



Volunteer  
Information  
Packet



# KIDS HOPE USA

## Position Description

### MENTOR

#### SPECIFIC TASKS AND AREAS OF RESPONSIBILITY:

The KIDS HOPE USA mentor will provide one-to-one mentoring and affirmation for one elementary-aged child at \_\_\_\_\_ (*school*). The mentor will often use materials provided by the teacher to help the child achieve a specific objective. After each mentoring session, the mentor is required to complete a Daily Progress Report summarizing the mentoring session.

#### DESIRED RESULTS:

- The child will . . .  
Exhibit improved self-esteem and improved academic skills.
- The mentor will derive the satisfaction of knowing and seeing that he/she is making a difference in the life of a child.

#### THE MENTOR WILL KNOW HE/SHE HAS DONE A GOOD JOB WHEN:

1. The child makes progress in achieving specific objectives.
2. He/she feels that his/her involvement truly makes a difference.
3. He/she feels that he/she is modeling Christ's love.

#### HOURS:

A minimum of one hour each week with one child at the school.

#### QUALIFICATIONS:

A KIDS HOPE USA mentor must:

- Love children and be sensitive to their needs
- Be ready to listen to a child
- Have his/her own transportation
- Be able to read
- Maintain a confidential relationship
- Be a member/regular attendee of the church
- Know your child's name
- Be there only for your child
- Be faithful—one hour, one year
- Believe in your child
- Be at least 16 years of age

#### TRAINING PROVIDED:

KIDS HOPE USA mentors will be fully trained to develop a successful mentoring relationship with a child. Equally important, the KIDS HOPE USA director will always be available to advise and assist all mentors.

#### RESPONSIBLE TO:

Each KIDS HOPE USA mentor will be under the supervision of and report to the KIDS HOPE USA director at the church. The mentor also agrees to cooperate with the student's teacher.



# **KIDS HOPE USA**

## Position Description

### **SUBSTITUTE MENTOR**

#### **WHAT DO YOU WANT ME TO DO?**

Provide continued one-to-one mentoring and affirmation for a child presently involved in KIDS HOPE USA when his/her regular mentor is unavailable.

A KIDS HOPE USA substitute mentor/friend provides a critical link in maintaining a relationship that is being formed with the child. Your primary role will be to affirm the child. Your presence when the regular mentor is absent clearly says to the child, "Yes, we are committed to you."

#### **HOW OFTEN DO YOU NEED ME?**

Substitutes are used on an as-needed basis. Sometimes a volunteer knows in advance the dates they may be unavailable and a substitute can plan ahead. It is best to give the director a list of times and days that you could be called.

#### **HOW LONG WILL THIS JOB LAST?**

One-year commitment.

#### **WHO IS MY SUPERVISOR?**

Each KIDS HOPE USA substitute mentor will be under the guidance of a teacher at the school and report to the KIDS HOPE USA director at the church.

#### **WILL I BE TRAINED?**

Yes, you will be fully trained to develop a successful relationship with a child. The KIDS HOPE USA director will always be available to advise and assist you.

#### **WHAT ARE THE QUALIFICATIONS FOR THIS JOB?**

Member or regular attendee of this church in good standing with a love for kids. Must have transportation and be able to read.



# **KIDS HOPE USA**

## Position Description

### **PRAYER PARTNER**

#### **WHAT DO YOU WANT ME TO DO?**

1. Make a commitment to faithfully pray for a KIDS HOPE USA mentor and the KIDS HOPE USA child he/she is assigned.
2. Contact the KIDS HOPE USA mentor on a regular basis to get a progress report on:
  - a. Mentor/child relationship.
  - b. Child's strengths and weaknesses.
  - c. Any other prayer needs including joys and concerns.

#### **HOW OFTEN DO YOU NEED ME?**

Prayer is the foundation for all we do through KIDS HOPE USA. Your willingness to keep the mentor and child supported through your prayers is critical for the success of the relationship. We ask that you pray on the day that your child and mentor meet as well as other times throughout the week,

#### **HOW LONG WILL THIS JOB LAST?**

Your initial commitment is one year. Our hope is that you would be willing to follow this child through elementary school with your prayers. You may well be the only person praying for this child.

#### **WHO IS MY SUPERVISOR?**

KIDS HOPE USA director / prayer coordinator

#### **WILL THIS JOB COST ME ANYTHING?**

Yes. Time—as much as you can spend in prayer for this ministry.

#### **WHAT ARE THE QUALIFICATIONS FOR THIS JOB?**

Love for children and the conviction that prayer changes things.



# KIDS HOPE USA

## Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

E-mail Address \_\_\_\_\_

If you have lived at your current address less than seven years, provide information on all addresses during that period.

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all other names by which you have ever been known. \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Length of membership/attendance at church \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name Relationship Phone

Are you 18 years of age or older? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References (Required for mentors and substitute mentors. Optional for prayer partners, unless they will be having regular contact with children)

List at least two references from places of employment or prior volunteer service, especially concerning previous work with youth. References must meet the following criteria: must be over age 18; must not be a relative; must have known you for at least one year.

1. Name \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Length of time you've known this person \_\_\_\_\_ Address \_\_\_\_\_ City/ State \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Length of time you've known this person \_\_\_\_\_ Address \_\_\_\_\_ City/ State \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Please indicate for what role you would like to volunteer:**

- \_\_\_\_\_ Regular mentor (If so, please identify who you will ask to be your prayer partner): \_\_\_\_\_
- \_\_\_\_\_ Substitute mentor
- \_\_\_\_\_ Prayer partner
- \_\_\_\_\_ Occasional special projects

**Please indicate the days and times you are available to give one hour:**

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.

**Please list previous volunteer activities:**

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*\* For promotional purposes, videos and photographs may be taken during the KHUSA mentoring hour or at KHUSA event. Occasionally, a photo of you may be shared with the KHUSA National Office to appear in the volunteer newsletter called Voices of Hope. Your application constitutes permission for KHUSA to use your picture in promotional material.*

**Volunteer Pledge**

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff, under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness according to the biblical witness of this church and in all aspects of conduct and performance related to this volunteer position.

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I understand that a very positive benefit, when working with students, is the relationship developed between the volunteer and student. I take seriously the relationship that will be formed. I agree to a criminal history check (national and/or state level). My signature on this form authorizes you to make such checks and to disclose results to both church and school personnel as part of the KIDS HOPE USA program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



# KIDS HOPE USA

## Personal Reference Form

To be completed & returned by mail OR through telephone interview  
-CONFIDENTIAL-

### **PART 1: TO BE COMPLETED BY APPLICANT**

Name of Applicant \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

### **PART 2: TO BE COMPLETED BY KIDS HOPE USA DIRECTOR**

Director Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Telephone ( ) \_\_\_\_\_

*Reminder: Attach to this form a description of the mentor job description*

### **PART 3: TO BE COMPLETED BY REFERENCE**

Instructions: The applicant listed above has applied to be a KIDS HOPE USA mentor for our church. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form to the KIDS HOPE USA director listed above. Please use an envelope marker *Personal and Confidential*. Your cooperation is greatly appreciated.

1. In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

3. On a scale of 1 to 5 (with 1 being a LOW rating and 5 being a HIGH rating), please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please note that.

CHARACTERISTICS	RATING					COMMENTS
	1	2	3	4	5	
Ability to work well with others	1	2	3	4	5	
Personal motivation and initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Personal follow-through	1	2	3	4	5	

4. Based on your knowledge of the applicant’s character and background, which of the following best reflects your evaluation of the applicant’s suitability as a KIDS HOPE USA mentor:

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

Please provide any additional comments concerning the suitability of this applicant for a position in our ministry below or on a separate sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

Once completed, please return this form to the KIDS HOPE USA director noted in Part 2 on the front of this form. Please use an envelope marked *Personal and Confidential*. Thank you for your assistance.

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**FOR OFFICE USE ONLY - Interviewer comments:**